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SOUTHERN CALIFORNIA MEDICAL SOCIETY.

The sixtieth regular semi-annual meeting of the Southern California Medical Society, held in the Mission Inn at Riverside, May 14 and 15, was a banner meeting in attendance. The following program was successfully carried out and held the interest of the delegates until the last paper was read and discussed:

Wednesday, 2:00 P. M.

Neurological Complications and Sequelae in Epidemic Influenza.

Dr. Ross Moore, Los Angeles.

Pyelitis.

Dr. H. M. Voorhees, Los Angeles.

Further Observations on the Treatment of Deep Abdominal Lesions with the Roentgen Ray; Special Reference to Fibroid Tumors of the Uterus.

Dr. William B. Bowman, Los Angeles.

Wednesday, 8:00 P. M.

Etiology and Treatment of Uterine Prolapse.

Dr. J. Craig Neel, San Francisco.

Some Observations on Scurvy, Rickets and Syphilis in Children.

Dr. Hugh K. Berkley, Los Angeles.

The Treatment of Wounds, General and Facial, as Developed in France.

Lt.-Col. A. T. Bazin, D. S. O. C. A. M. C.,
Montreal, Quebec.

Thursday, 10:00 A. M.

Congenital Anomalies of the Ear.

Dr. Geo. B. Worthington, San Diego.

Focal Infection in Relation to the Eye.

Dr. C. E. Ide, San Diego.

Surgery of the Nasal Septum vs. Surgery of the Turbinates.

Dr. F. A. Burton, San Diego.

Double Empyema with Report of a Case.

Dr. C. Van Zwalenburg, Riverside.

In addition to the scientific discussions, Thursday afternoon, May 15, was devoted to a general discussion of the plans, purposes, policies and performances of the League for the Conservation of Public Health.

Papers were read by Dr. John H. Graves, Dr. C. D. McGettigan, Dr. Dudley A. Smith, Dr. James Franklin Smith, et al., and the League was heartily endorsed in addresses by Drs. W. T. McArthur, Walter V. Brem, Geo. H. Kress, E. E. Kelly, Harlan Shoemaker and John C. Yates.

Dr. Walter V. Brem won ringing applause of all the delegates when he stated: "The League for the Conservation of Public Health does not represent any particular section, group, department or clique of the ethical medical profession of California, but all sections, groups and departments in particular. It has no interests but the interests of the medical profession as a whole. We have been supine, afflicted by a great inertia and idly watched incompetents profiteer on the health of the public." Dr. Brem gave comparative statistics showing that the raids upon the Medical Practice Act were only the logical result of unopposed attacks of small bands that would prove fruitless against an organized and unified profession. "They call us the Medical Trust," said Dr. Brem, "and we should not shrink from the name or be untrue to the trust. Properly interpreted, it means that the people do

trust our profession. The greatest trust that one man reposes in another is when a patient places his life in the hands of his doctor. The life of the patients cannot be surrounded with too many safeguards, and we are unworthy of the trust which the people place in us if we do not build up our Medical Practice Act so that incompetents will be wholly eliminated."

Following the Riverside meeting the officers of the League from Northern California were given a luncheon in the Blue Room of the Los Angeles Athletic Club on May 16. Dr. Geo. H. Kress acted as toastmaster and with felicitous phrasing presented Drs. H. A. L. Ryfkogel, John H. Graves, W. T. McArthur, Granville MacGowan, W. W. Beckett, J. F. Cook and Mr. Celestine J. Sullivan. The spirit of the occasion was well expressed by Dr. McArthur, who assured the League visitors that the south, which had been solid against medical standards at Sacramento, was now solid for the League and never again would tolerate a solid delegation to misrepresent it. Dr. MacGowan referred to the League as a link between Capital and Labor, and the health work in which it was engaged as the best asset of both. Dr. Beckett emphasized the duty of all to support the League, as the constructive work it is doing is for the common good.

HOSPITAL EFFICIENCY.

What was the matter with the patient? Did they find it out beforehand? Did the patient get entirely well? If not, why not? Was it the fault of the doctor, the disease, or the patient? Can such failures be prevented in the future? Dr. E. A. Codman asked these questions in 1915. They are equally pertinent now. Try applying them to your own hospital, be it small or large. Try them on your own patients, too, whether in hospital or office. Be honest for a time and appraise the actual service rendered by the hospital with which you are connected, as measured by the end-result in the patient.

Any such appraisal demands, as a prerequisite, accurate case records. Case records, to be accurate, must present the data from which the questions above may be answered. Then an analysis of the causes of failure can be prepared and definite remedies sought, if they are remediable. Codman rightly stated that the most difficult step is to get the hospital staff to admit and record imperfect results in diagnosis and treatment.

Blind confidence in the physician is archaic. To-day he must show results, as an individual practitioner, and as a profession, if he is to succeed or even survive. The seniority system of promotion is just as fatal to professional advancement in medicine as it has proved itself in the army and navy. It is inefficient, unjust, undemocratic, and cannot be abolished too soon in hospital staffs. Results in diagnosis and treatment should alone be the criteria for judging professional excellence. These alone should determine promotion in clinical staff appointments, so that a position on such a staff would become a legitimate

advertisement that the incumbent was professionally proficient.

It is time to sweep out the debris of old systems which do not measure up to such a standard of hospital efficiency. It is time to remove the omnipotent dollar from its key position in many hospital organizations. If we believe these things, why not practice them? If there is any physician who disagrees with the points here made, these columns are open for his reply. The time has come in hospital organization as, for example, in the matter of fee-splitting, when we must practice what we preach, or quit. How does it strike *you*?

HEALTH LEAGUE OF NATIONS.

Probably no more important subsidiary proposition could be considered in the League of Nations than the establishment of an international agency devoted to the interests of public health. Without health all other international codes fail. Nothing so surely isolates a nation to-day as illness. Certainly health, in the broadest sense, is one of the most vital and statesmanlike departments which can be incorporated in the League of Nations.

Soper³ calls emphatic attention to the present wide distribution of pestilence in Europe. Cholera, typhus and plague are more than threatening. In addition, disease dangers in the Near East are lowering with menace to the world. The problem of disease dissemination by the demobilizing armies is not being met because it is so vast. One example of this is the fact that men are being returned to civil life after going through heavy epidemics of symptomatic dysentery of undetermined causation. Parallel to this, McAdam and Keelan,⁴ in an extensive investigation of amebiasis in troops in Mesopotamia, found that of 351 non-dysenteric patients in a general hospital, 13.6 per cent. had amebic cysts; of 595 men in a convalescent depot, 17.8 per cent. carried cysts. According to Dobell's "figure for correction," about 33 $\frac{1}{3}$ per cent. of the troops serving in Mesopotamia are amebic cyst carriers. A review of the numerous diseases spread by human carriers, in the light of this suggestion as to dysenterics, shows the enormous importance of the health problems of demobilization.

Parenthetically, it is appropriate to remark that the precautions against syphilis, gonorrhea, and alcoholism, which were so advantageous in the period of mobilization, should not be relaxed, but should be scrupulously observed until every demobilized man has found a steady job. A further parenthetical observation is to the effect that those health precautions which proved so efficacious in the army and navy, instead of being relaxed, should be extended to the entire civil population.

Such are but a few of the problems which only an international body with adequate scientific authority can handle properly. As Soper observes, its functions should include not alone the prevention of epidemic disease, but also the prevention of less spectacular diseases. In Europe, the great problems include sanitation, tuberculosis, personal

³ N. Y. Med. Jour., May 24, 1919.

⁴ Ind. Jour. Med. Res., July, 1917.